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§15–403.

(a) To be eligible for the Program, an individual must:

(1) Be covered by a long–term care policy that is approved for the Program by the Commissioner under § 15–404 of this subtitle; and

(2) Satisfy any other requirement for eligibility established by the Department.

(b) Program eligibility may not be denied under this section for policy benefits that are not available or appropriate for treating the insured's condition.

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